

**Updates in blue.**

### **Interim Contact Tracing Guidance for COVID-19**

Contact tracing for COVID-19 cases in areas without widespread transmission is an important aspect of disease containment. As more cases are identified in Missouri, it may be necessary to discontinue this activity based on local epidemiology to only concentrate on transmission in high risk settings, such as nursing homes. See page 9 of CDC's Community Mitigation Framework for more information: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>.

### **What are the case definitions for COVID-19?**

At this time, for public health purposes the only classification we have for COVID-19 is "confirmed". Laboratory results can be either presumptive or confirmed, but presumptive results are actionable as if they are confirmed.

Confirmed: A detected laboratory result on a real-time RT-PCR test.

### **Investigation Timeframe**

Contact investigations should begin **2 days (48 hours) prior to the date of onset** of the case. Note: Though asymptomatic and pre-symptomatic transmission have been acknowledged as possible, these are not currently thought to be the main source of spread for the COVID-19 pandemic. Cases are thought to be most contagious when they are most symptomatic.

### **Who is a close contact?**

CDC defines risk categories and provides guidance for specific groups such as (People in U.S., Healthcare, and Travelers). Please review each of the following documents for defining close contacts for each category.

- 1) [People in U.S. Communities, other than Health workers or other Critical Infrastructure Workers](#)
- 2) [Travel from Areas with Potential Risk of Exposure](#)
- 3) [Healthcare Personnel with Exposures in a Healthcare Setting](#)

Note: For people in U.S. Communities, other than Healthcare workers CDC defines contacts to include:

- Household member
- Intimate partner
- Individual providing care in a household without using recommended infection control precautions
- Individual who has had close contact (< 6 feet)\*\* for a prolonged period of time \*\*\*

*Updated March 31, 2020*

**\*\*Data are limited to define close contact.** Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

**\*\*\*Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure.** Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

### **Who can be tested at SPHL?**

This is changing frequently, depending on epidemiological picture and available testing resources. The current criteria are updated at this link:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/pdf/mo-pui-guidance.pdf>

Close contacts can be tested with either fever (subjective or measured) **OR** symptoms of lower respiratory illness (cough or shortness of breath). As a reminder, all SPHL testing must be approved by DHSS at this time through either a provider or health department (if standing orders cover this for that health department). The reasons for this are:

- 1) SPHL testing criteria require clinical assessment
- 2) Testing must be conducted in an appropriate setting using adequate PPE

For contact tracing purposes, testing may not be warranted for every contact given limited resources. For example, once an outbreak is identified in a long term care facility, testing for every ill resident may not be warranted.

Commercial laboratory testing may be able to supplement SPHL testing for individuals that a provider would like to test that do not qualify for testing at SPHL.

### **How do we handle healthcare personnel with potential exposure in a healthcare setting to patients with coronavirus disease (COVID-19)?**

CDC has posted interim guidance on this topic that is updated frequently here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-asesment-hcp.html>

In short, the process involves classifying exposure based on the appropriateness of PPE used while caring for a patient. Exclusion may be warranted, but based on resources of the facility it may be preferable to follow extra precautions for medium risk contacts who are asymptomatic so that staffing can be sufficient to keep the facility running.

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Amy Pierce, HAI Coordinator, is available to help with healthcare contact investigations, to include classifying risk for healthcare contact ([amy.pierce@health.mo.gov](mailto:amy.pierce@health.mo.gov)).

### **Who do we quarantine/exclude/isolate?**

CDC provides guidance for the quarantine, exclusion, and isolation separately for specific groups such as (People in U.S., Healthcare, and Travelers). Please review each of the following documents for guidance specific to each category.

- 1) [People in U.S. Communities, other than Health workers or other Critical Infrastructure Workers](#)
- 2) [Travel from Areas with Potential Risk of Exposure](#)
- 3) [Healthcare Personnel with Exposures in a Healthcare Setting](#) (See **How do we handle healthcare personnel with potential exposure in a healthcare setting to patients with coronavirus disease (COVID-19)?** above.

#### Symptomatic Contacts to a Case:

Symptomatic persons with exposures to a person with COVID-19 during the period from 48 hours before symptom onset until meets criteria for discontinuing home isolation should isolate. Please see CDC guidance for specific recommendations:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

#### Cases:

Confirmed cases should remain in isolation until criteria met to be released from isolation (see **When do we release a confirmed case from isolation?**)

#### Close contacts to PUIs (individuals being tested):

Quarantine should be considered for close contacts who are asymptomatic while test results are pending, given that transmission is possible prior to symptom development. If resources allow, local health agencies can help the contact monitor their symptoms and temperature while testing is pending for the PUI.

If symptoms develop while testing is pending, recommend to isolate at least until test results are returned.

#### Close contacts to confirmed cases:

Quarantine/isolate at home until 14 days following the date that the case is released from isolation. Home care guidance to reduce transmission in households where a confirmed case lives can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

#### Healthcare workers:

See **How do we handle healthcare personnel with potential exposure in a healthcare setting to patients with coronavirus disease (COVID-19)?** above.

## When do we release a confirmed case from isolation?

### Cases:

- a. At least 3 **consecutive** days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- b. At least 7 days have passed *since symptoms first appeared*.

This is an update to the test-based strategy that previously required two negative COVID-19 real time rt-PCRs collected 24 hours apart where the first is collected once the case has improved clinically.

This recommendation will prevent most, but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely very substantially less than that during illness. In addition, CDC has noted persons can shed COVID-19 virus intermittently. Therefore, persons released from isolation should be educated on the importance of using good cough etiquette and hand hygiene regardless if test based or non-test based approach for release is followed.

### Confirmed Case HCW's:

Cases who work in high-risk settings or with persons at high risk for severe outcome including, but not limited to, healthcare workers and employees of long term care facilities, should discuss the timing of their return with their employer. These facilities may have different guidance for when a case can return to work. (see **How do we handle healthcare personnel with potential exposure in a healthcare setting to patients with coronavirus disease (COVID-19)?**)

## What resources does DHSS have for contact investigations?

Our usual District and management staff members are available to consult on contact investigation processes. If we have a clinical question that falls outside the guidance we have in place, we can consult our State Epidemiologist, Dr. Turabelidze, for input as we normally do. Staff may be available to help make contact tracing calls in collaboration with the local health agency. **Just ask!**

The following resources are also linked directly on the LPHA-only website:

- [Patient Under Investigation/Case Report Form](#)
- [Contact Tracing Tool](#)
- [Contact Questionnaire](#)
- [Healthcare Worker Exposure Assessment Tool](#)